

## Self-Certified Alternate Worksite Safety Checklist (SAMPLE CHECKLIST AND EMPLOYEE CERTIFICATION FORM)

EMPLOYEE NAME:

AGENCY:

SUPERVISOR NAME:

ALTERNATE LOCATION:

ALTERNATE LOCATION PHONE:

The following checklist is designed to assess the overall safety of the alternate work location. Each participant should read and complete the self-certification safety checklist. Upon completion, the checklist should be signed and dated by the participating employee and immediate supervisor.

The alternate work location is located (check one):

 in home

 not in home

Describe the designated work area: \_\_\_\_\_

To the best of one's knowledge:

- |     |   |            |           |
|-----|---|------------|-----------|
| 1.  | Is the space free of asbestos-containing materials?   | <u>YES</u> | <u>NO</u> |
| 2.  | If asbestos-containing material is present, is it undamaged and in good condition?  | <u>YES</u> | <u>NO</u> |
| 3.  | Is the space free of indoor air quality problems?   | <u>YES</u> | <u>NO</u> |
| 4.  | Is there adequate ventilation for the desired occupancy?  | <u>YES</u> | <u>NO</u> |
| 5.  | Is the space free of noise hazards (noises in excess of 85 decibels)?   | <u>YES</u> | <u>NO</u> |
| 6.  | Is there a potable (drinkable) water supply?  | <u>YES</u> | <u>NO</u> |
| 7.  | Are lavatories available with hot and cold running water?   | <u>YES</u> | <u>NO</u> |
| 8.  | Are all stairs with four or more steps equipped with handrails?   | <u>YES</u> | <u>NO</u> |
| 9.  | Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?   | <u>YES</u> | <u>NO</u> |
| 10. | Do circuit breakers clearly indicate if they are in the open or closed position?  | <u>YES</u> | <u>NO</u> |
| 11. | Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires fixed to the ceiling)? | <u>YES</u> | <u>NO</u> |

|     |   |                      |                     |
|-----|---|----------------------|---------------------|
| 12. | Will the building's electrical system permit the grounding of electrical equipment?                       | <u>      </u><br>YES | <u>      </u><br>NO |
| 13. | Are aisles, doorways, and corners free of obstructions to permit visibility and movement?                 | <u>      </u><br>YES | <u>      </u><br>NO |
| 14. | Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?            | <u>      </u><br>YES | <u>      </u><br>NO |
| 15. | Do chairs have any loose casters (wheels)? Are the rungs and legs of chairs sturdy?                       | <u>      </u><br>YES | <u>      </u><br>NO |
| 16. | Is the work area overly furnished?  | <u>      </u><br>YES | <u>      </u><br>NO |
| 17. | Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? | <u>      </u><br>YES | <u>      </u><br>NO |
| 18. | Is the office space neat, clean and free of excessive amounts of combustibles?                            | <u>      </u><br>YES | <u>      </u><br>NO |
| 19. | Are floor surfaces clean, dry, level, and free of worn or frayed seams?                                   | <u>      </u><br>YES | <u>      </u><br>NO |
| 20. | Are carpets well-secured to the floor and free of frayed or worn seams?                                   | <u>      </u><br>YES | <u>      </u><br>NO |

My signature below indicates that this safety checklist of the proposed alternate worksite is true and accurate to the best of my knowledge. I further understand that any intentional inaccuracies found in this check list may be grounds for disciplinary action.

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Employee Signature

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Date